AMENDMENT TRANSMITTAL LETTER						Docket No. 0905-0291P	
Application No.		Filing Date			Examiner	Art Unit	
10/657,292-Conf. #1378		September 9, 2003		V. A. Herring		2132	
oplicant(s): Tets	suya SAWANC)					
vention: MONIT		UTER					
ommissioner for O. Box 1450 exandria, VA 223	313-1450		-h		P		
ransmitted here he fee has beer					olication.		
		CLAIM	S AS AMEN	DFD			
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate		
Total Claims	0	- 20 =	0	х	50.00	0.00	
Independent Claims	0	- 3 =	0	х	210.00	0.00	
Multiple Depend	lent Claims (ch	eck if applicabl	le)				
Other fee (pleas	e specify):						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00	
x Large Entity					Small Entity		
x No additiona	al fee is require	d for this amer	ndment.				
Please char	ge Deposit Acc	count No.	ir	n the ai	mount of \$		
	copy of this she				-		
A check in the	ne amount of \$		is enclo	sed.			
	credit card. Fo	orm PTO-2038	is attached.				
Payment by			as and aradit	D			
X The Director	is hereby auth below. A dup					02-2448	
X The Director as described		olicate copy of				02-2448	
X The Director as described X Credit an	d below. A dup ny overpaymer	olicate copy of t nt.	this sheet is e	enclose	ed.	02-2448 CFR 1.16 and 1.17.	
The Director as described X Credit at X Charge a	d below. A dup ny overpaymer any additional fil	olicate copy of the copy of th	this sheet is e	enclose	ed. quired under 37 (
X The Director as described X Credit an	d below. A dup ny overpaymer any additional fil	olicate copy of t nt.	this sheet is e	enclose	ed. quired under 37 (CFR 1.16 and 1.17.	
x The Director as described x Credit at x Charge a	d below. A dup ny overpaymer any additional fil ler 29,680 ART, KOLASC	nt. ing or applicatio	this sheet is e	enclose	ed. quired under 37 (CFR 1.16 and 1.17.	